

# Delivering for Equity: the national Hepatitis B Community Education Project, developing a community of practice (Australia)

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## BACKGROUND

Hepatitis B is a leading cause of primary liver cancer in Australia and of the 232,600 people estimated to be living with chronic hepatitis B (CHB) in Australia<sup>[i]</sup>, only 62% are believed to have been diagnosed<sup>[ii]</sup>. There is significant cultural and linguistic diversity among people with CHB in Australia, with approximately 56% born overseas<sup>[iii]</sup> (of which an estimated 38% were born in the Asia-Pacific region<sup>[i]</sup>). An additional 9.3% of people with CHB in Australia are Aboriginal and Torres Strait Islander people<sup>[i]</sup>.

The *Hepatitis B Community Education Project* is the first systematic community education response to hepatitis B in Australia. In 2016, the Australian Government funded Hepatitis Australia to manage this multi-million dollar national project. Hepatitis Australia developed a rigorous application and selection process to distribute a total of forty grants to our eight state and territory member hepatitis organisations. These grants are enabling each of the hepatitis organisations to work with community partners to deliver hepatitis B education to priority populations.

The priority populations identified in Australia's *Second National Hepatitis B Strategy 2014-2017* are: people from culturally and linguistically diverse (CALD) backgrounds, particularly people with an Asia-Pacific or Sub-Saharan African background; Aboriginal and Torres Strait Islander people; children born to mothers with CHB and children with CHB; and unvaccinated adults at higher risk of infection.

## METHODS

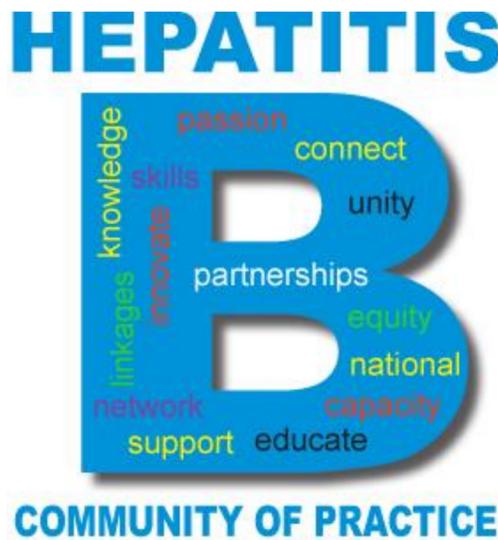
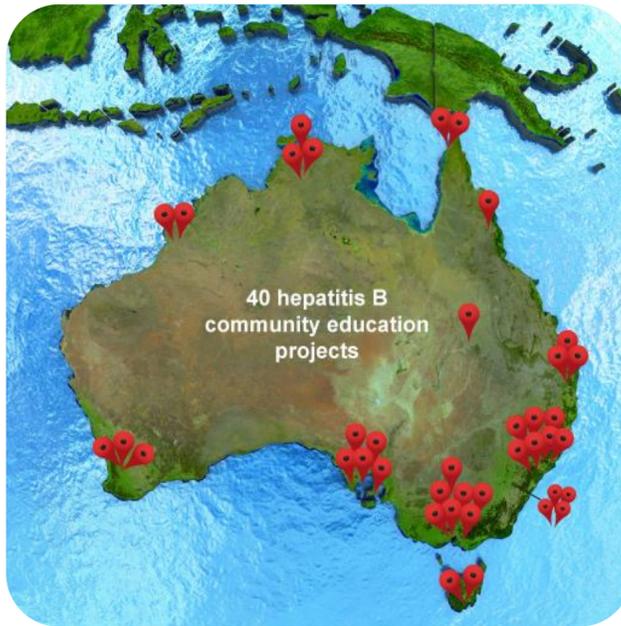
A two-day National Symposium was held in March 2017 to discuss community education efforts taking place as part of the *Hepatitis B Community Education Project*. The Symposium sought to develop a community of practice<sup>(1)</sup> approach to identify critical success factors for hepatitis B community education in Australia, and to support individual projects to engage effectively with communities affected by hepatitis B.

Attendees included hepatitis B project workers, members of affected communities, and representatives with lived experience of hepatitis B. A panel of experts in public health, social and clinical research, policy, and communications, was also convened to provide support aimed at assisting the implementation and evaluation of the community projects.

The symposium stimulated rich and impassioned discussions about the marked diversity between and within high-prevalence populations, and how hepatitis B community education efforts can respond. While cultural competence<sup>(2)</sup> is vital, to be effective, hepatitis B community education requires more than ensuring that health information is translated into different languages or having people of the same ethnicity delivering education to a specific community.

<sup>1</sup> A community of practice is a group of people with a shared interest and skill-set, who collaborate over an extended period of time to learn from each other and improve individual practice.

<sup>2</sup> Cultural competence refers to the processes and practices that facilitate inclusiveness and address the inequities in health care for people from CALD backgrounds.



Attendees at the National Symposium



The Little Hep B Heroes project

## REFERENCES

[i] The Kirby Institute. *HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2016*. The Kirby Institute, UNSW Sydney NSW 2052

[ii] *Hepatitis B Mapping Project: Estimates of chronic hepatitis B prevalence, diagnosis, monitoring and treatment by Primary Health Network, 2014/15 – National Report*

[iii] MacLachlan JH, Allard N, Towell V, Cowie BC. *The burden of chronic hepatitis B virus infection in Australia, 2011*. Aust NZ J Public Health, 2013;37(5):416-22

## CONFLICTS OF INTEREST

The *Hepatitis B Community Education Project* has been funded by the Australian Government, Department of Health under the Blood-Borne Viruses and Sexually Transmissible Infections Prevention Programme.

## RESULTS

A series of common challenges was identified including: a lack of sustainable resourcing to enable the projects to be ongoing; cultural complexity and diversity; misinformation and stigma; and the need to facilitate pathways to clinical services that are culturally appropriate and equipped to respond.

There was also broad recognition that hepatitis B has received far less funding historically in Australia compared with HIV and hepatitis C, resulting in less community-level discussion, awareness and partnership-building. This has contributed to significant gaps in the health and community sector response to hepatitis B, which will take time to address.

One of the critical success factors for hepatitis B community education is establishing strong community partnerships. Community approval, trust, and active community participation, are particularly important for meaningful partnerships and effective education strategies. Other critical success factors include: the fundamental importance of understanding the culture of the group; the style of communication; and empowering meaningful community involvement.

Additional complexities that merit ongoing consideration include: competing priorities in communities where there are a multitude of health issues and an overlay of complex social, cultural and demographic issues; and the challenge of maintaining project partnerships over the longer-term (especially if they are only recently established).

## CONCLUSIONS

The symposium was an informative, productive and intense couple of days. Some of the overarching take-outs are that: story-telling (and supporting people to tell their stories) is a useful vehicle for both education and challenging stigma and discrimination in some communities; that translating health messages from English into other languages does not ensure that information will resonate or be understood; and the power of culturally specific media and its role in engaging with, and communicating to, hard-to-reach audiences, needs to be recognised and utilised.

A strong evidence base is also required for moving forward in an Australian context. Robust data can extend project lifespans, generate sustainability, and add value in terms of being able to extrapolate results to broader populations and influence government decisions and funding in the longer-term.

We hope that a legacy of the *Hepatitis B Community Education Project* will be the establishment of a national hepatitis B community of practice. This will provide ongoing opportunities for cross-sector hepatitis B information sharing, discussion and collaboration.

A community of practice will also enhance the capacity of community educators, and other hepatitis B stakeholders across Australia, to engage effectively with priority populations, and strengthen Australia's hepatitis B response.

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